

Full

Sarah F. Bounnels

CERTIFICATE OF DEATH

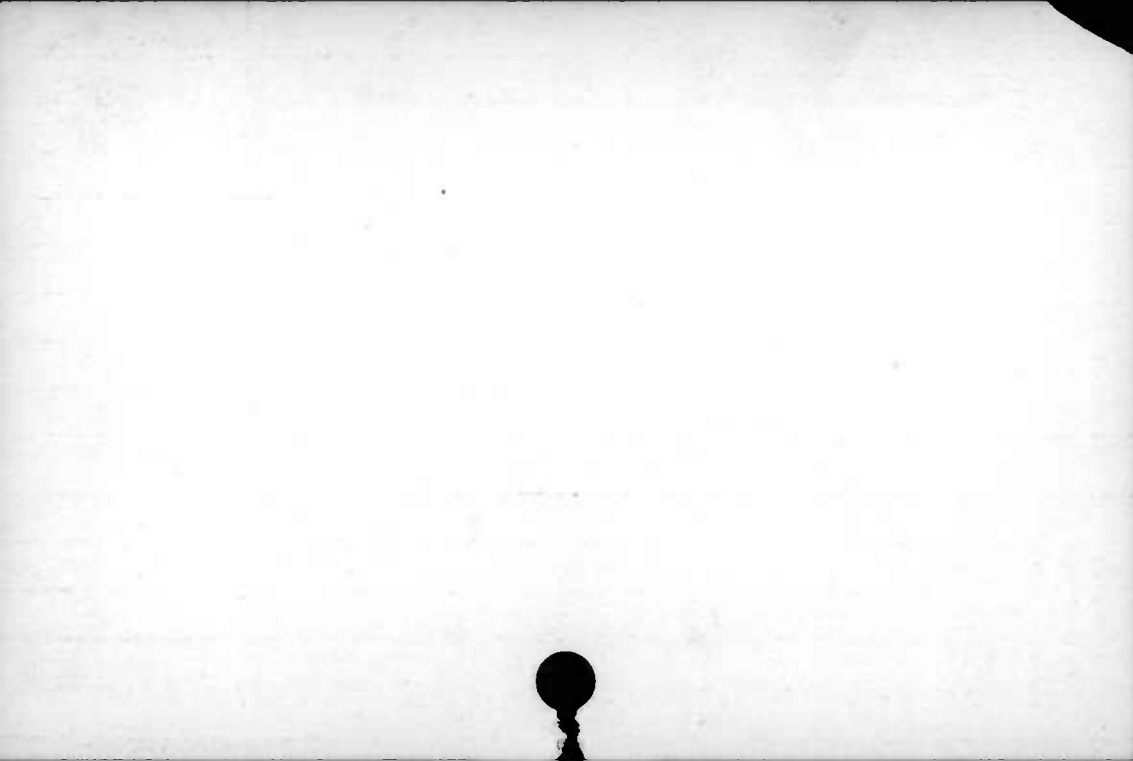
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Siloam</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb.</i>	Day <i>15th</i>	Age <i>84</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Troppe Dist. Wicomico Md.</i>			
Occupation <i>Widow</i>		Where Residing if not at place of death <i>J. A. Bounnels residence</i>			
Married, Single or Widowed	Name of Wife or Husband <i>William Bounnels</i>				
Father's Name <i>Harry Banks</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Hetty Chatham</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Thomas A. Bounnels</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>She had no Doctor</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes so far as I know</i>	Signature of <i>Geo. C. Hill</i>
	Address <i>Undertaker Salisbury Md.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

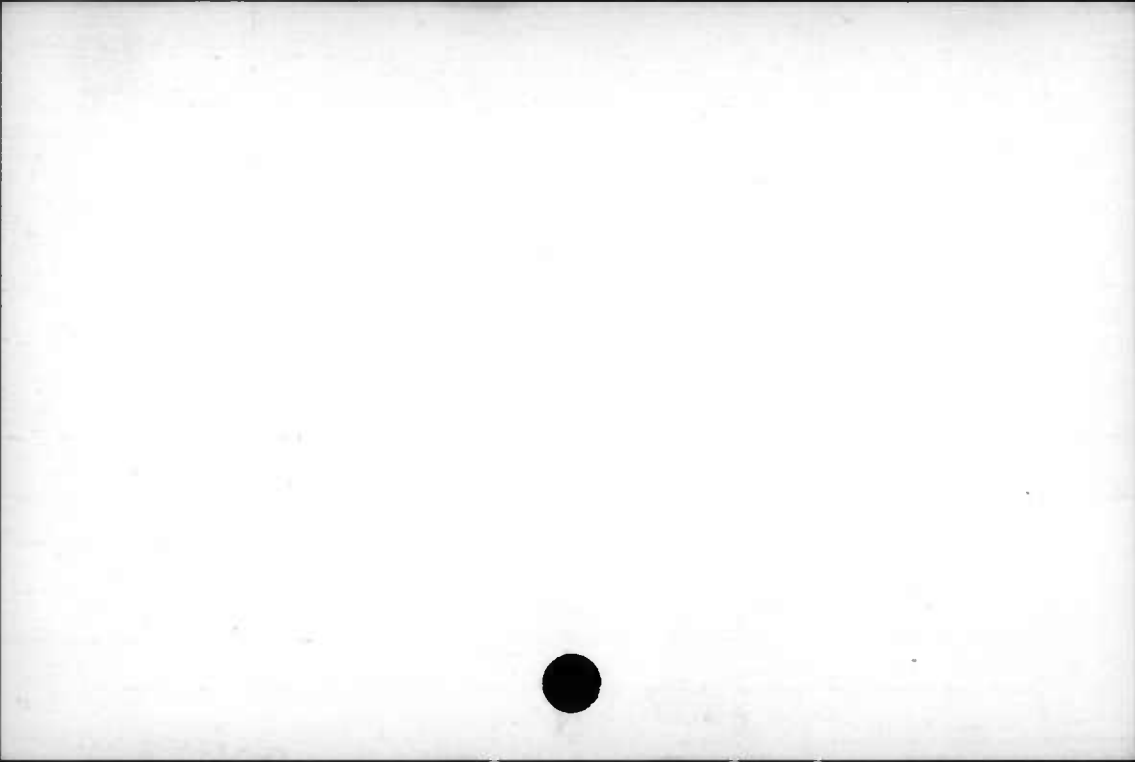
CERTIFICATE OF DEATH

MARYLAND

Name in Full <i>Cortis Cooper</i>		Town <i>Quantico</i>		County <i>Wicomico</i>	
Died <i>Mar</i>		Month <i>Feb</i>		Day <i>10</i>	
Date of death <i>1905</i>		Age <i>4</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Quantico</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Quantico</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Cortis Cooper</i>		Father's Birthplace <i>Spring Hill</i>			
Mother's Maiden Name <i>Annie Hopkins</i>		Mother's Birthplace <i>Quantico</i>			
Name of person giving information <i>W. H. H. Dashiell</i>		How related to deceased			

CAUSES OF DEATH

Primary <i>Grip</i>	How long
Immediate <i>Grip</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm H H Dashiell</i>
	Address <i>Quantico Md</i>
Accident or Suicide?	



Name
in
Full

Calvin H Davis

CERTIFICATE OF DEATH

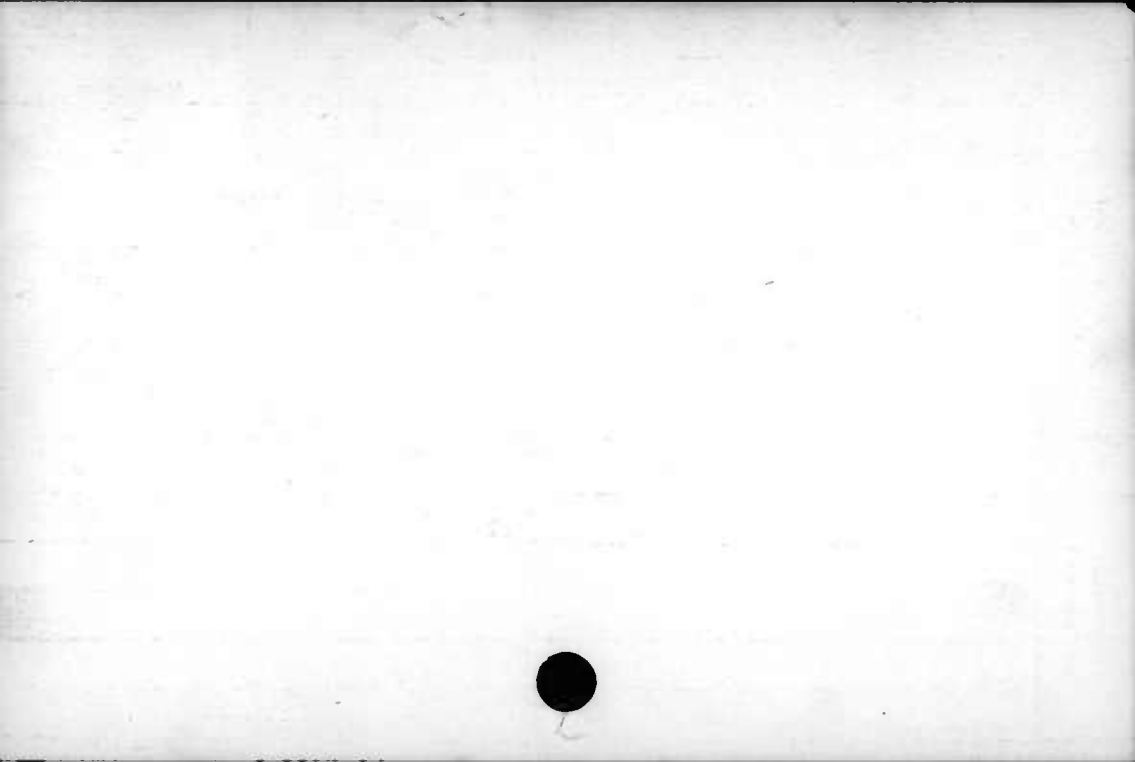
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Feb</i> <small>Month</small>		<i>15</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i> Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John W Davis</i>			Father's Birthplace <i> Md</i>		
Mother's Maiden Name <i>Elmira Hudson</i>			Mother's Birthplace <i> Md</i>		
Name of person giving information <i>John W Davis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Correlating pneumonia</i>	How long <i>2 days</i>
Immediate <i>acute indigestion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Davis</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide?	



Name
in
Full

Quercia Elsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

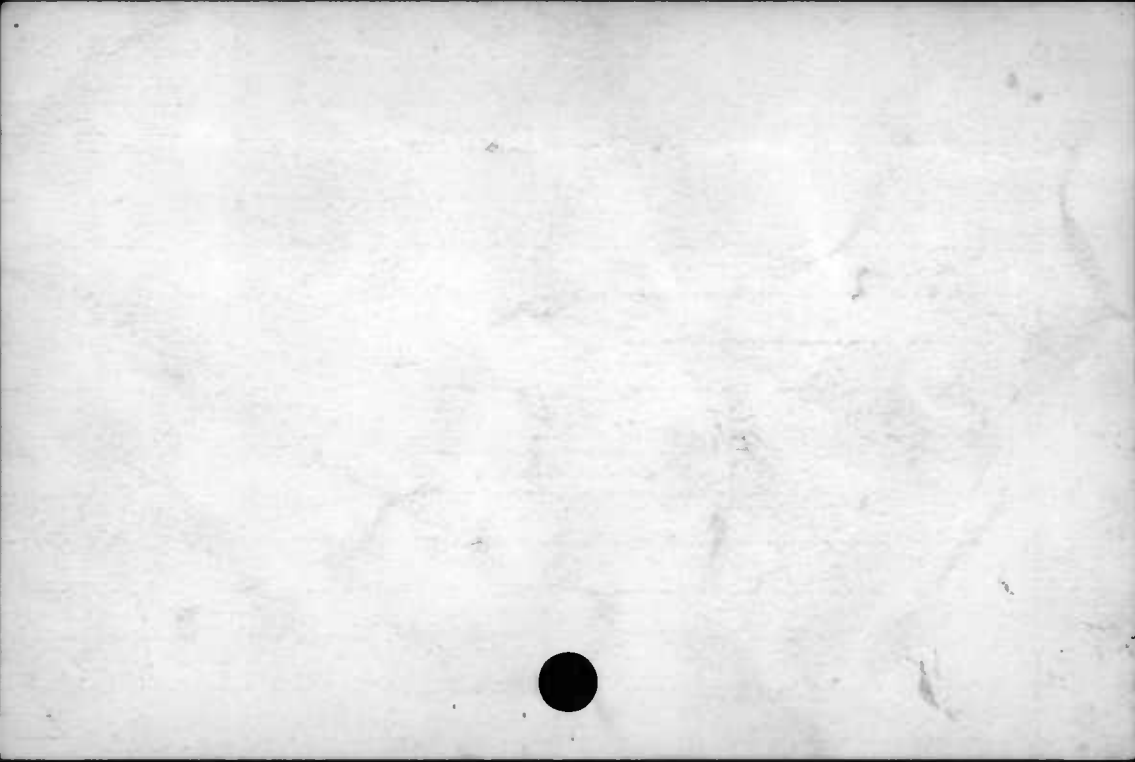
MARYLAND

Died at <i>Quinticoke</i>		County <i>Wicomico</i>	
Date of death <i>9</i> <i>5</i> <i>feb</i>	Month <i>feb</i>	Day <i>thursday</i>	Age <i>23</i>
Sex <i>female</i>	Color or Race <i>colored</i>	Birthplace <i>Quinticoke</i>	Months <i>3</i> Days <i>9</i>
Occupation <i>washing house work</i>	Where Residing if not at place of death <i>Residence</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Quercia Elsey</i>		
Father's Name <i>Thomas Douglass</i>	Father's Birthplace <i>Quinticoke</i>		
Mother's Maiden Name <i>Emily J. Douglass</i>	Mother's Birthplace <i>Quinticoke</i>		
Name of person giving information <i>William H. Elsey</i>	How related to deceased <i>13</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>2 years</i>
Immediate <i>Consumption</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. O'Day M.D.</i>
	Address <i>Gesterville Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Sarah Ellen Goslee

CERTIFICATE OF DEATH

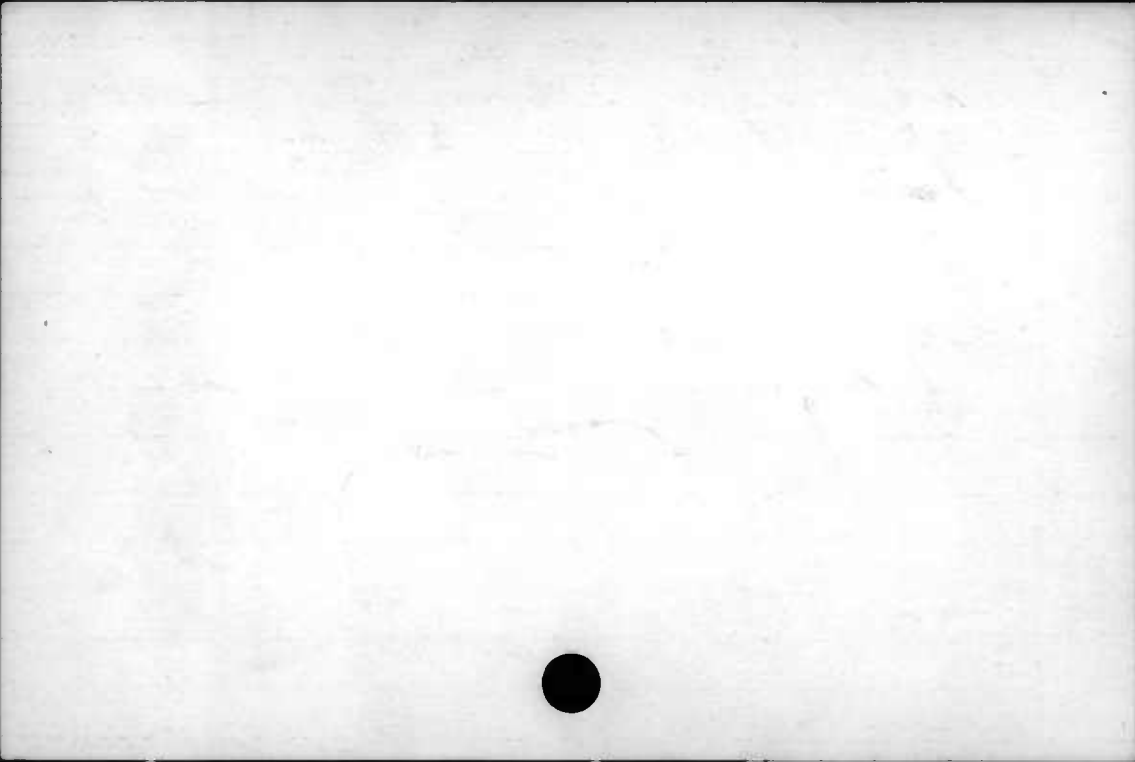
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Siloam</i>		County <i>Hicomico</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>February</i>	Day <i>22</i>	Age <i>69</i>	Years	Months <i>6</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Fruitland</i>			
Occupation <i>Farmers wife</i>				Where Residing If not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William J. Goslee</i>					
Father's Name <i>John Leatherbury</i>				Father's Birthplace <i>Quantico</i>			
Mother's Maiden Name <i>Maria Denson</i>				Mother's Birthplace			
Name of person giving information <i>Willie Goslee</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dyspnoea</i>	How long <i>12 days</i>
Immediate <i>Cardiac failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. I. Long</i>
	Address <i>Allen</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

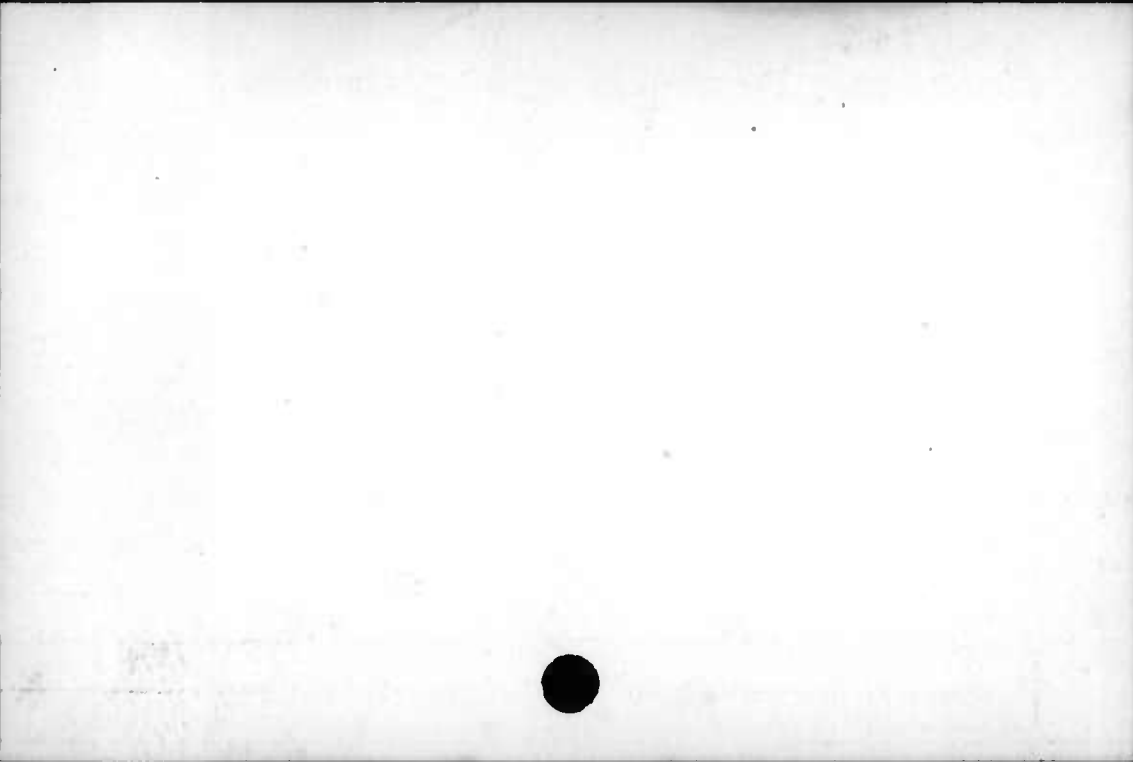
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Quantico</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>21-23</u>	Age	Years	Months <u>1-2</u> Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Quantico</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>Quantico</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>John Graham</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Liza Taylor</u>	Mother's Birthplace <u>Quantico</u>				
Name of person giving information <u>John Graham</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>1 and 2 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm F. H. Dashiell</u>
	Address <u>Quantico Md</u>
Accident or Suicide?	



Name
in
FullGRAHAM CHILD #1
Infant Children Graham

CERTIFICATE OF DEATH

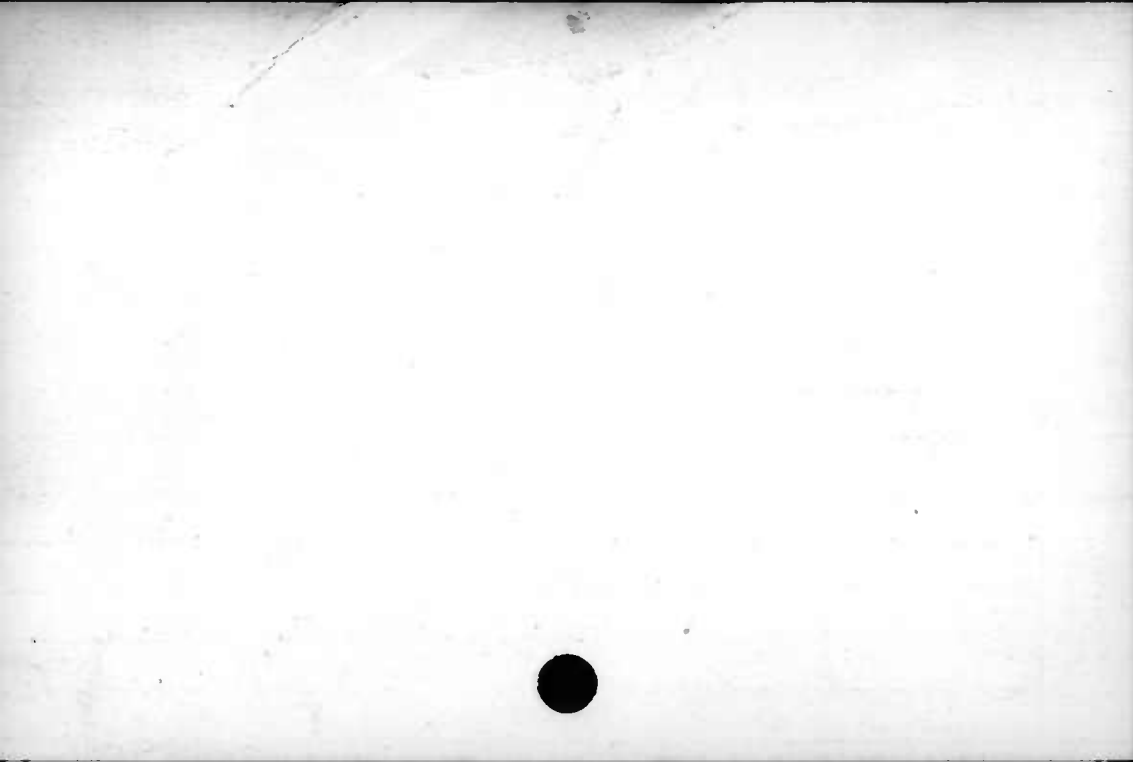
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Quantico</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1905	Month	Feb	Day	21st
Age		Years		Months	
Sex		Male	Color or Race	Black	Birth-place
Occupation		none	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		John Graham		Father's Birthplace	
Mother's Maiden Name		Lige Taylor		Mother's Birthplace	
Name of person giving information		John Graham		How related to deceased	
				Father	

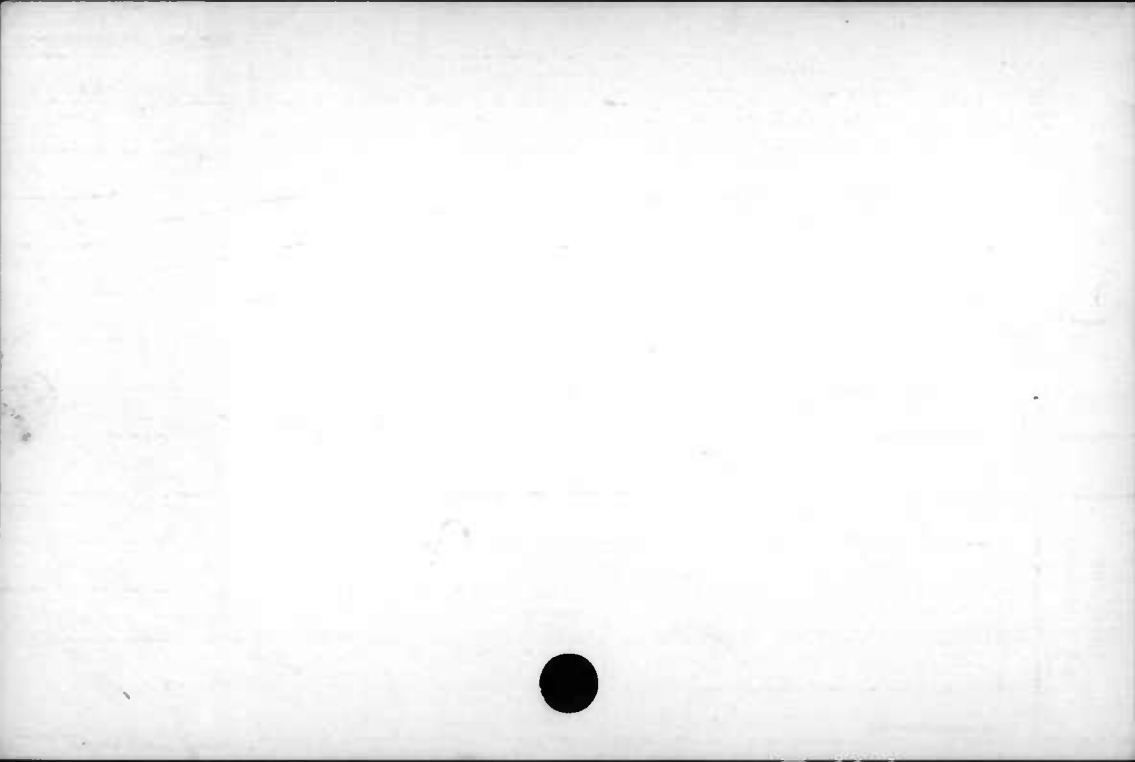
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Whooping Cough	
Immediate	How long
	1st & 2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Wm H H Dashille
	Address
	Quantico Md
Accident or Suicide?	



Name in Full Virginia E Graham		Town Mardela Springs		County Nicomis		CERTIFICATE OF DEATH	
Died at						MARYLAND	
Date of death		Month		Day		Years	
1905		Feb		21		56	
Sex		Color or Race		Birth-place		Months	
Female		White		Rockawaukeon		3	
Occupation		Where Residing if not at place of death				Days	
		Salisbury				12	
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Joe H. Bacon		Edman Graham			
Father's Name		Father's Birthplace					
Joe V Humphrey		Rockawaukeon					
Mother's Maiden Name		Mother's Birthplace					
Margaret Humphrey							
Name of person giving information		How related to deceased					
Robt G Humphrey		Brother		Delmington Del			
CAUSES OF DEATH							
Primary		How long					
Nervous Prostration		2 months					
Immediate		How long					
Heart Failure		4 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Louis V. Wilson					
		Address					
		Mardela Springs Md.					
Accident or Suicide?							



Name
in
Full

Sarah C. Heaven

CERTIFICATE OF DEATH

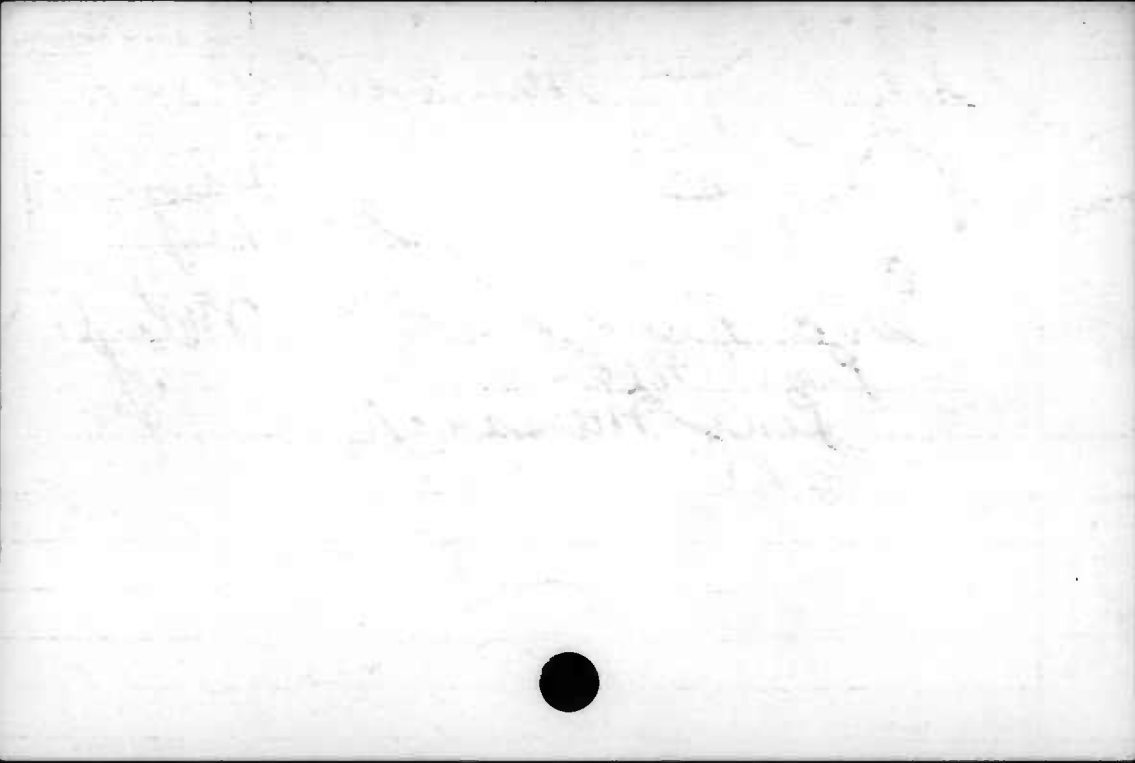
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1905</u> Year	<u>Feb</u> Month	<u>27</u> Day	Age	<u>54</u> Years <u>6</u> Months <u></u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u> Md </u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Ethan Heaven</u>				
Father's Name	<u>James Bratten</u>			Father's Birthplace	<u> Md </u>
Mother's Maiden Name	<u>Mary Parsons</u>			Mother's Birthplace	<u> Md </u>
Name of person giving information	<u>Joseph Heaven</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>S Grippe</u>	How long	<u>10 days</u>
Immediate	<u>Heart failure</u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Louis Williams M.D.</u>	
		Address <u>Salisbury Md.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

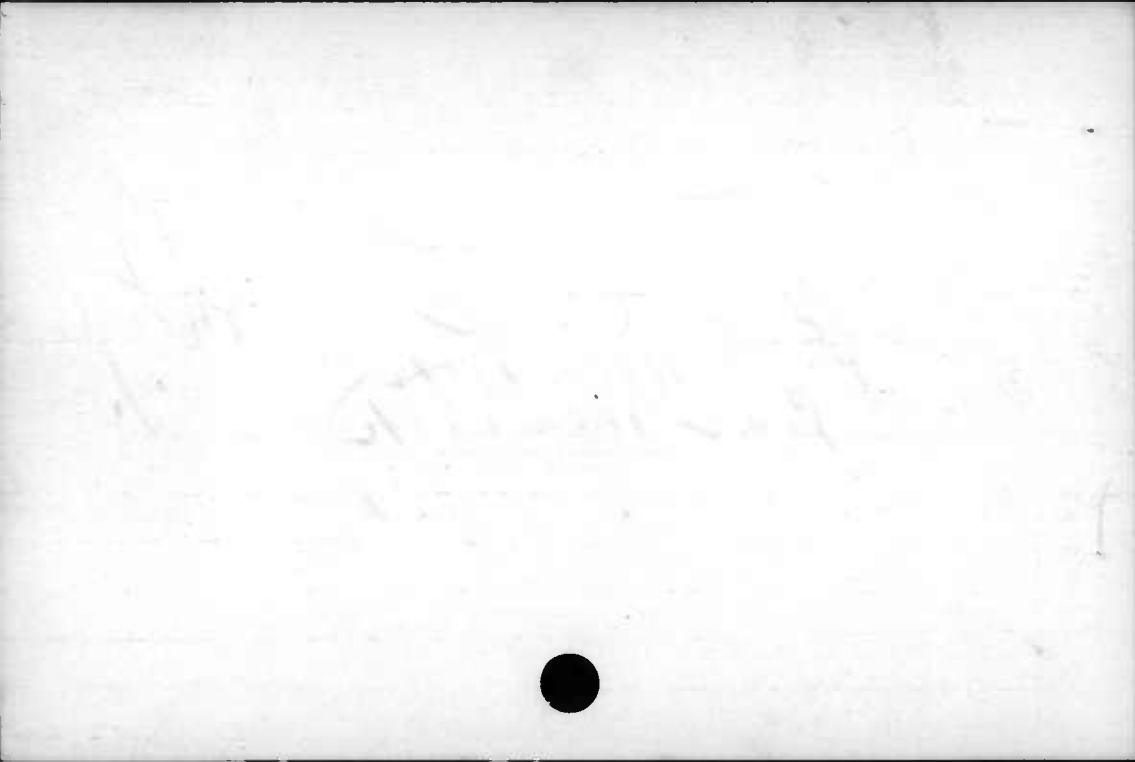
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Hudson</u> <small>County</small>		MARYLAND			
Date of death	<u>1905</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age	<u>6</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>0</u> <small>Days</small>	
Sex	<u>Female</u>	Color or Race	Birth-place			<u>Maryland</u>	
Occupation			Where Residing if not at place of death			<u>Salisbury</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband					
Father's Name	<u>Ed Hudson</u>				Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Leila Messick</u>				Mother's Birthplace	<u>J.</u>	
Name of person giving information				<u>Pearl Messick</u>		How related to deceased	<u>J.</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia (lobular)</u>	How long	<u>1 week</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>[Signature]</u>	
		Address	
		<u>Salisbury Md</u>	
Accident or Suicide?			



Name
in
Full

Mary, E. Hurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Athol

Town

Wicomico

County

MARYLAND

Date

of death 1905 february 23

Month

Day

Age

Years

49

Months

3

Days

Sex

female

Color or
Race

White

Birth-
place

Mardel springs

Occupation

general house work

Where Residing if not
at place of death

at home

Married, Single
or Widowed

widow

Name of Wife or
Husband

William A. Hurley

Father's
Name

William Elliott

Father's
Birthplace

mardel spring

Mother's
Maiden Name

Alice A. Elliott Houlder

Mother's
Birthplace

vicenora

Name of person giving
information

William E. Hurley

How related
to deceased

son

CAUSES OF DEATH

Primary

Liver and Stomach Trouble

How long

1 month

Immediate

Heart Failure

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm H. H. Dashiell

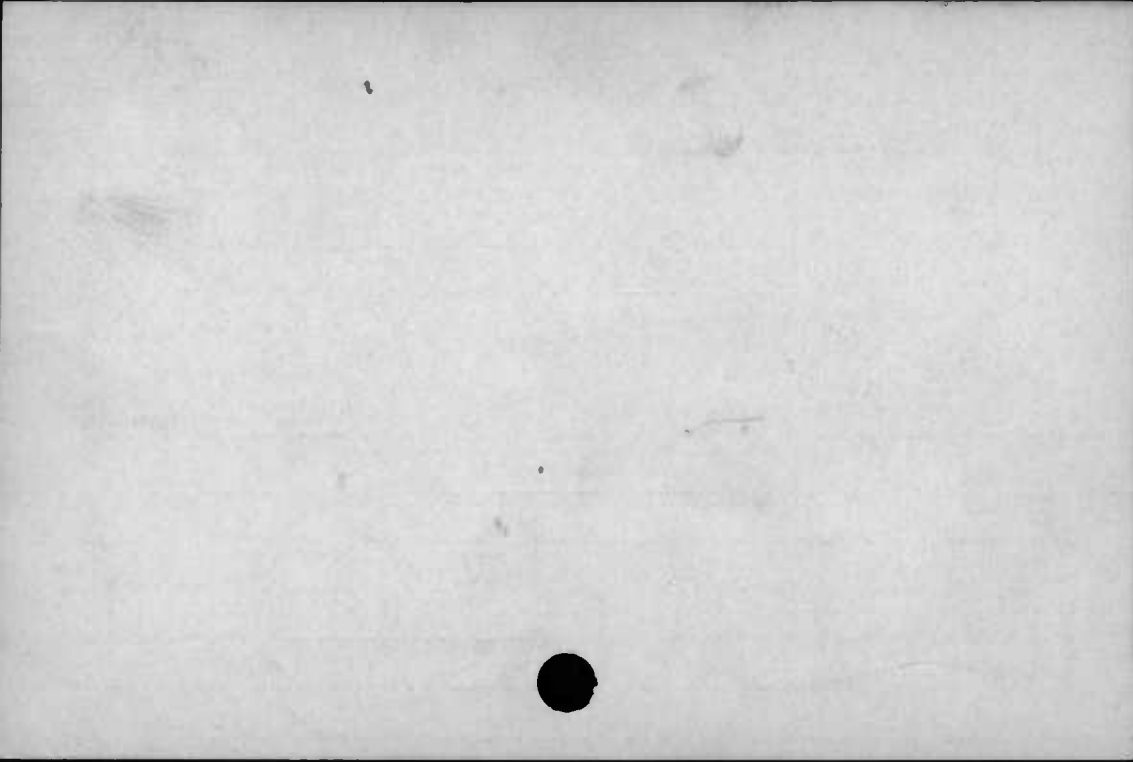
Address

Quantico Md

Accident or Suicide?

neither

PHYSICIAN
OR CORONER



Name
in
Full

L. Mack Malone

CERTIFICATE OF DEATH

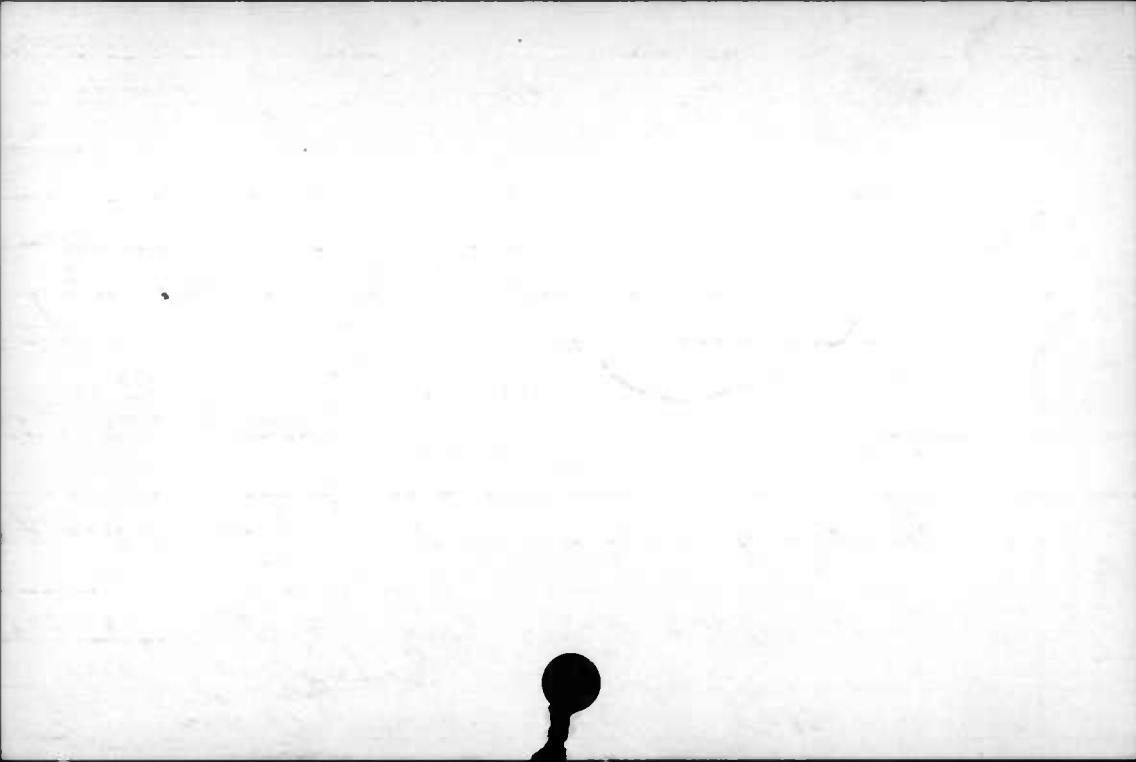
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Huonico</i>		MARYLAND	
Date of death		Month <i>Feb</i>	Day <i>22nd</i>	Years <i>38</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Salisbury</i>			
Occupation <i>Livery Business</i>				Where Residing if not at place of death <i>Salisbury</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Olive B. Morris Malone</i>					
Father's Name <i>Alexander Malone</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Katherine Pollitt</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Sadie Malone</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lung</i>	How long	<i>a year or more</i>
Immediate	<i>Infection of heart</i>	How long	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Louis W. Morris, M.D.</i>	
		Address <i>Salisbury</i>	
		<i>Med</i>	
Accident or Suicide?			



Name
in
Full

Annie Marvil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} New Salisbury^{County} Wicomico

Date of death 1905 Feb 16

Age Years 33

Months Days

Sex Female

Color or Race White

Birth-place Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband Edward E Marvil

Father's Name Isaac Lowe

Father's Birthplace Del

Mother's Maiden Name Lizzie Hastings

Mother's Birthplace Kent

Name of person giving information John Marvil

How related to deceased Brother in law

CAUSES OF DEATH

Primary Consumption

How long one year

Immediate

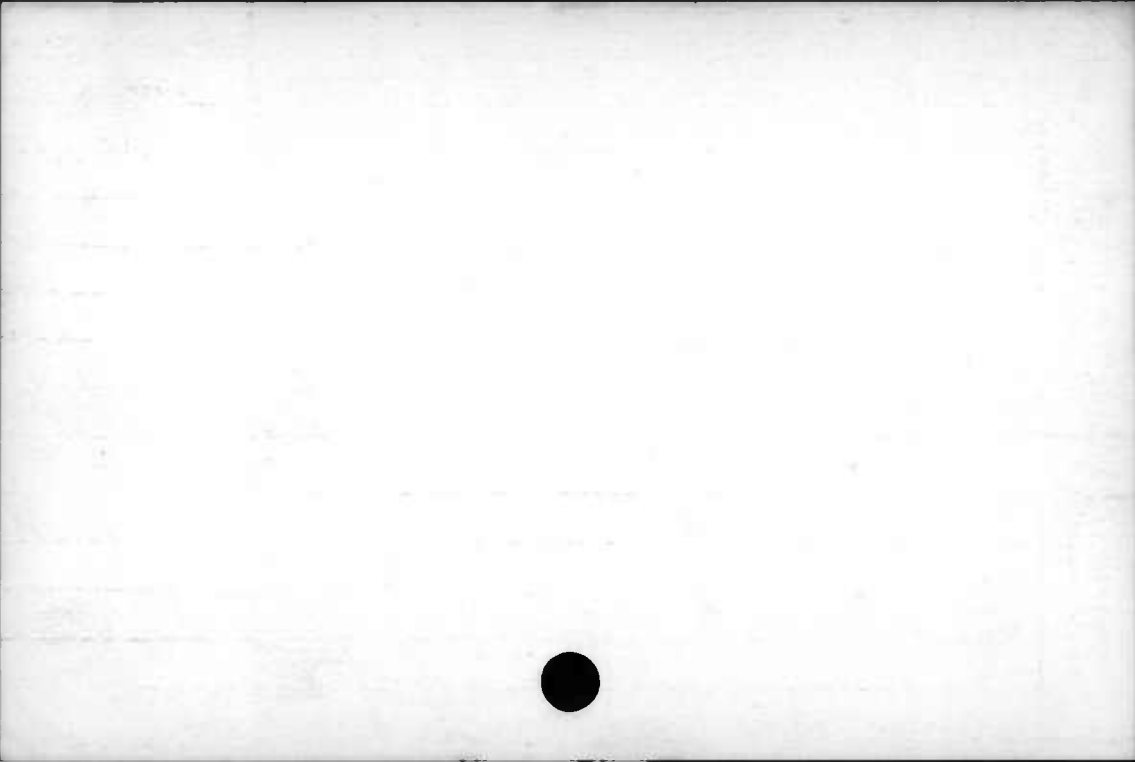
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D E Harrison M.D.

Address Salisbury, Md

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Capitolia* TownCounty *McCombs*Date of death *1905* Month *Feb* Day *20*Age *69* Years

Months

Days

Sex

Color or Race *White*Birthplace *Capitolia*Occupation *Seamstress*Where Residing if not at place of death *"*

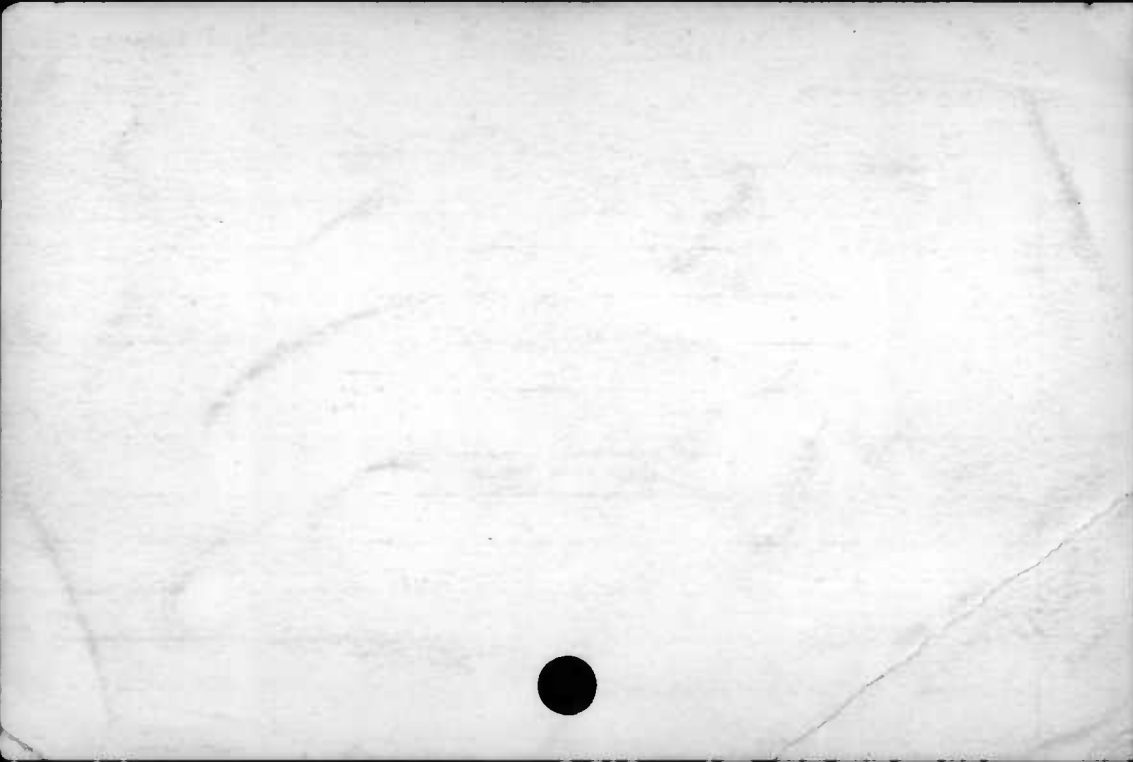
Married, Single or Widowed

Name of Wife or Husband

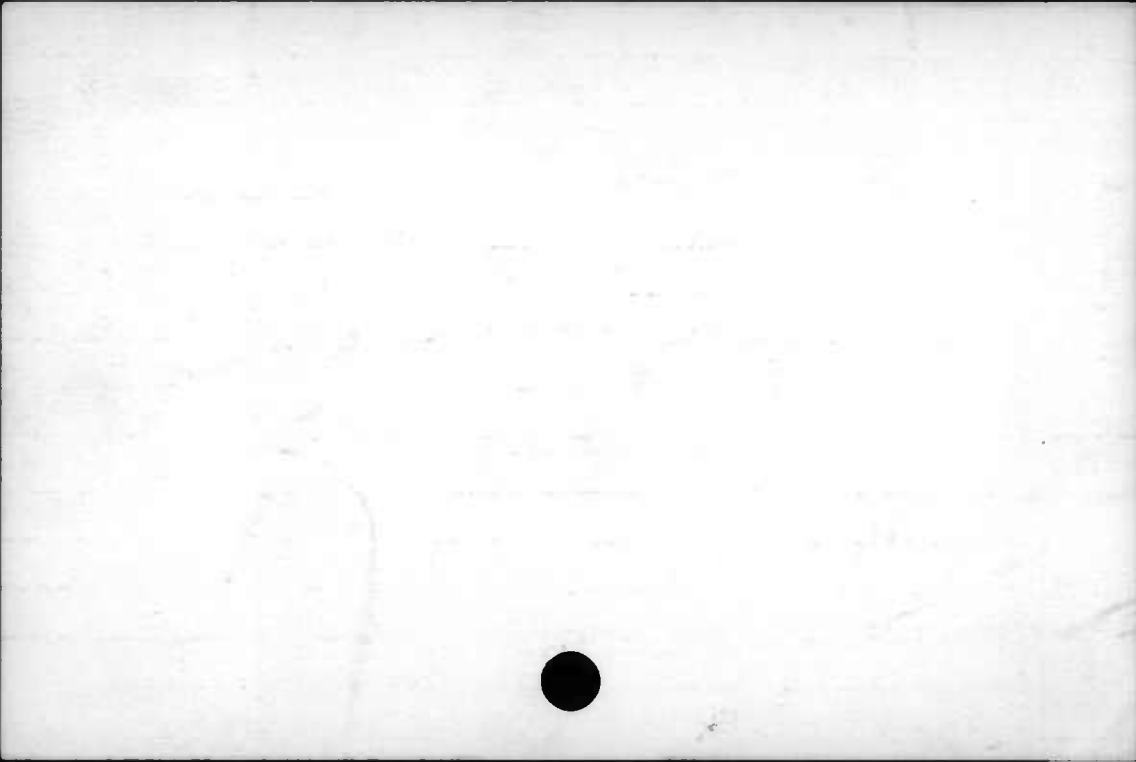
Father's Name *Francis Messick*Father's Birthplace *Whitman*Mother's Maiden Name *Sarah E. Messick*Mother's Birthplace *Capitolia*Name of person giving information *Albert E. Messick*How related to deceased *Brother*

CAUSES OF DEATH

Primary *Heart Trouble*How long *Sudden*Immediate *"*How long *"*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *none in attendance*Address *Capitolia*Accident or Suicide? *"*



Name in Full		Millie A Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
		Date of death <i>1905</i> Month <i>Feb</i> Day <i>13</i>		Age Years <i>52</i>		Months Days	
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name <i>Henry Thomas</i>		Father's Birthplace <i>Md</i>			
		Mother's Maiden Name <i>Lear Jackson</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>James Parker</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Grippe</i>		How long <i>10</i> months			
		Immediate <i>Heart Failure</i>		How long <i>two days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician			
				Address <i>F. M. Demons - M. D.</i>			
		Accident or Suicide?		<i>Salisbury Md</i>			



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Delmar		Freemans		MARYLAND				
	Date of death		1905	Feb	22	Age	Years		Months	Days	
	Sex		Male		Color or Race		White		Birth-place		
	Occupation		Infant		Where Residing if not at place of death		Near Delmar				
	Married, Single or Widowed		Single		Name of Wife or Husband						
	Father's Name		Archie Perry		Father's Birthplace		Salisbury Md				
	Mother's Maiden Name		Ida Hastings		Mother's Birthplace		Delmar Del				
	Name of person giving information		Archie Perry		How related to deceased		Father				
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Brain Fever				How long		3 days		
	Immediate		Convulsions				How long		3 hours		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Robert Ellingood		
							Address		Delmar, Del.		
	Accident or Suicide?										

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Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Infant - Price*
 Died at *Quantico* Town *Quantico* County *Wicomico*
 Date of death *1905 Feb 1* Month *Feb* Day *1* Age *1* Years Months Days
 Sex *Male* Color or Race *Black* Birthplace *Quantico*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Charles H. Price* Father's Birthplace *Quantico*
 Mother's Maiden Name *Roxie Hingsdale* Mother's Birthplace *Quantico*
 Name of person giving information *Charles Price* How related to deceased *Father*

CAUSES OF DEATH

Primary *Infantile* How long _____
 Immediate *Debility* How long *1 day*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Wm H H Dashiell*
 Address *Quantico Md*
 Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Roxie Price</i>		Town <i>Quantico</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Quantico</i>		Month <i>Feb</i>		Day <i>3</i>		Years <i>55</i>	
Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>3</i>		Years <i>55</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Quantico</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>Quantico</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Price</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>					
Mother's Maiden Name <i>Ann Langsdal</i>		Mother's Birthplace <i>Barren Creek</i>					
Name of person giving information <i>J. W. Jones</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

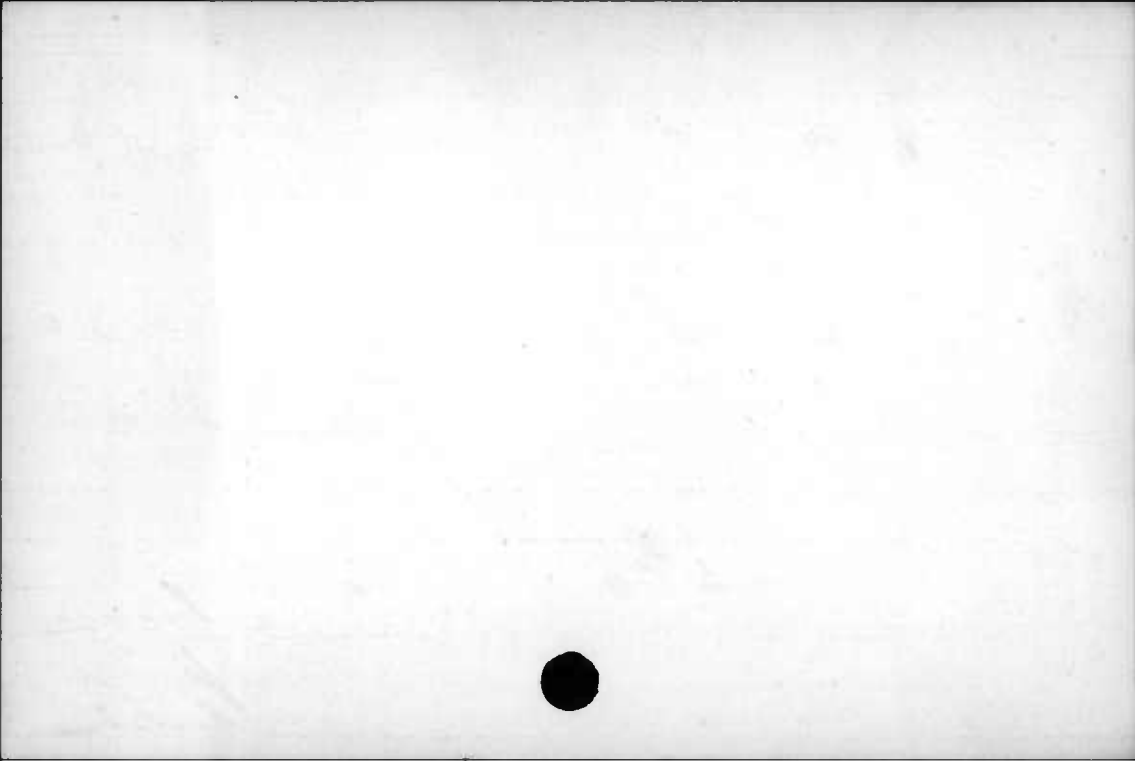
Primary <i>Grip</i>	How long <i>With Grip</i>
Immediate <i>Child birth</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. H. Dashiell</i>
	Address <i>Quantico</i>
Accident or Suicide?	



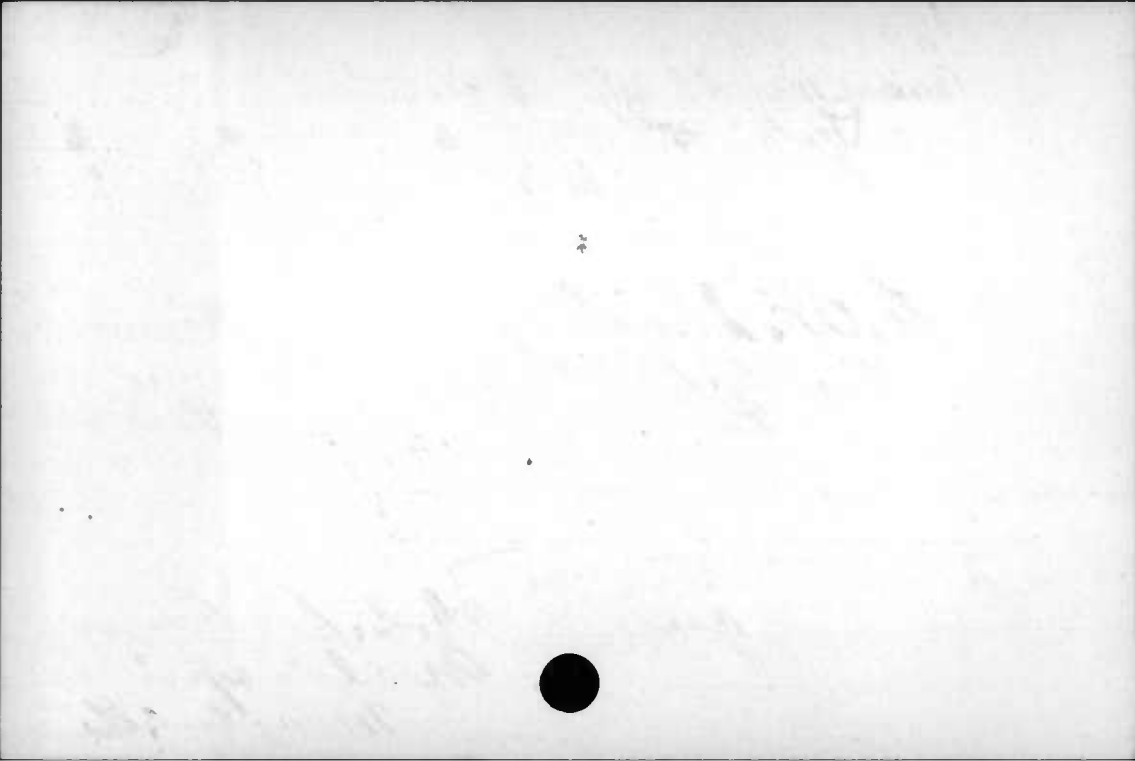
TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>William J. Riggins</i>				CERTIFICATE OF DEATH			
	Died at <i>Tony Fork</i>		County <i>Wicomico</i>		MARYLAND			
	Date of death <i>1905</i>	Month <i>Feb.</i>	Day <i>5th</i>	Age <i>77</i>	Months <i>9</i>	Days		
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>				
	Occupation <i>Justice of the Peace</i>		Where Residing if not at place of death <i>at Tony Fork</i>					
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharine M. Riggins</i>						
	Father's Name <i>Henry J. Riggins</i>				Father's Birthplace <i>Somerset Co. Md.</i>			
	Mother's Maiden Name <i>Rebecca Stewart</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>William H. Riggins</i>				How related to deceased <i>Son</i>				

CAUSES OF DEATH

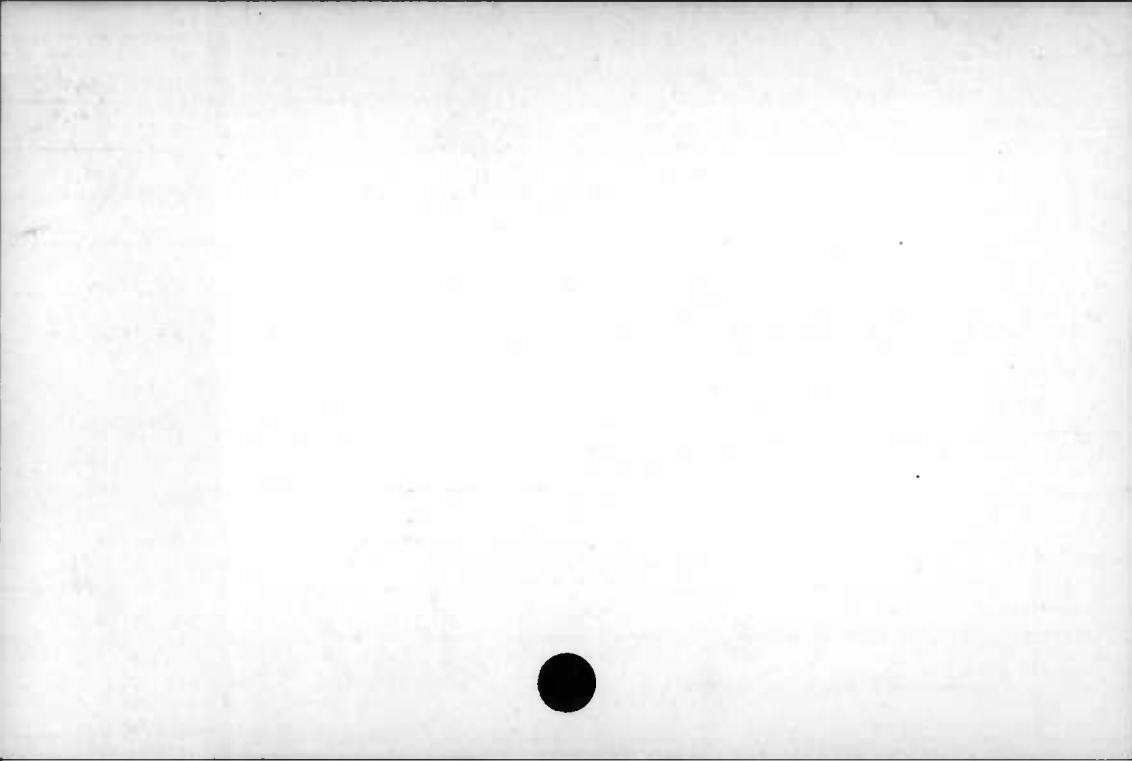
PHYSICIAN OR CORONER	Primary <i>La Grippe</i>	How long <i>16</i>	How long <i>7 days</i>
	Immediate <i>Ordred of lungs from that place</i>		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Morris M.D.</i>	
		Address <i>Delaware Md.</i>	
	Accident or Suicide?		



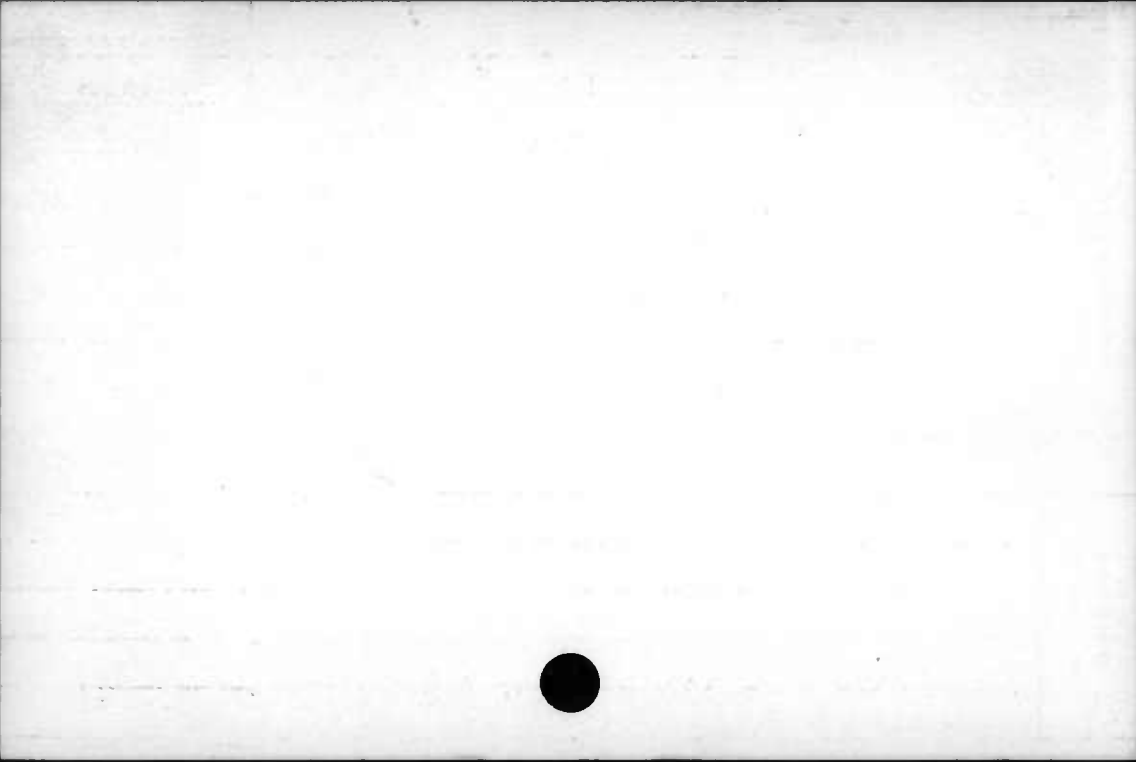
Name in Full		A dolphin, Shockley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Mandela-sprg		County Wicomico		MARYLAND
	Date of death		1905	Month 2	Day 5	Age 0	Months 0
	Sex		Male		Color or Race White		Birth-place Wicomico
	Occupation - - - -				Where Residing if not at place of death - - -		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		L. W. Shockley			Father's Birthplace Wicomico	
	Mother's Maiden Name		M. M. Shockley			Mother's Birthplace " "	
Name of person giving information		Parents			How related to deceased Parents		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate Strangulation				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?				Mandela Springs Maryland		



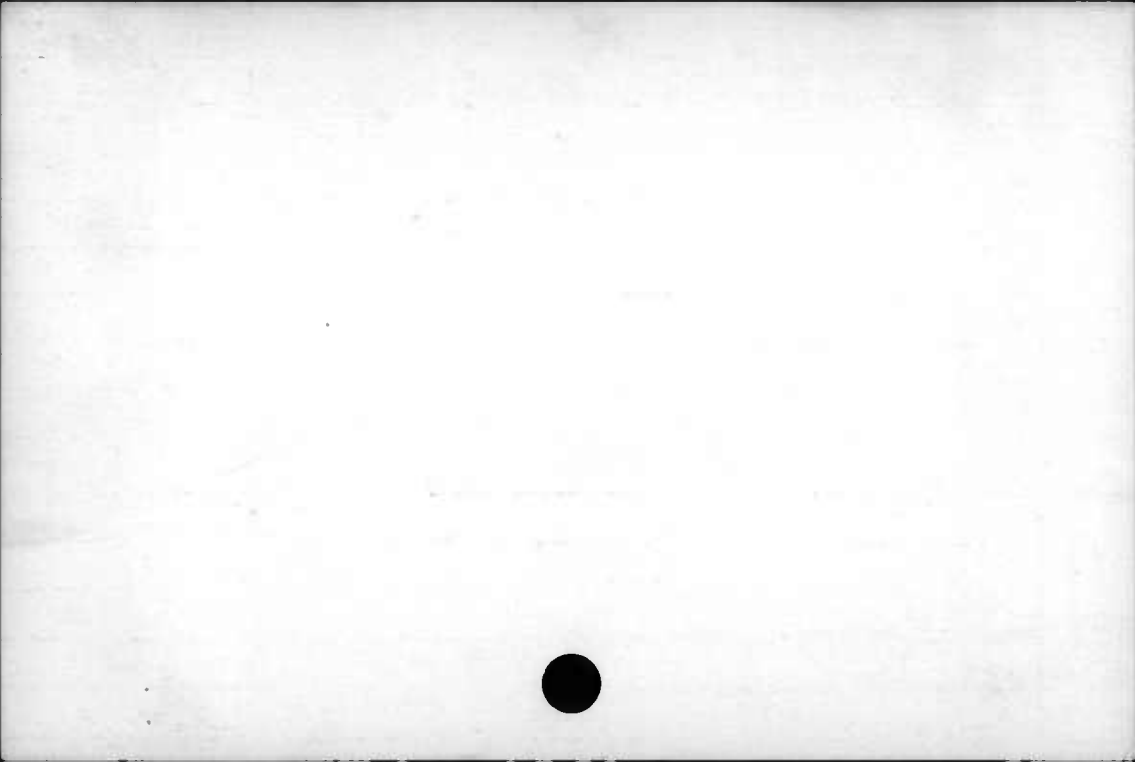
Name in Full		Lake + Shockley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Maryland spg		County Wicomico		MARYLAND	
	Date of death 190		Month Feb		Day 5		Age 0	
	Sex Male		Color or Race White		Birth-place Wicomico		Months 0	
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed Single		Name of Wife or Husband					
	Father's Name G. W. Shockley		Father's Birthplace Wicomico					
PHYSICIAN OR CORONER	Mother's Maiden Name M. M. Shockley		Mother's Birthplace 11					
	Name of person giving information Parents		How related to deceased Parents					
	CAUSES OF DEATH							
	Primary		Strangulation				How long 57	
Immediate		Strangulation				How long		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician A. L. Leabrease		Address Maryland		
Accident or Suicide?								



Name in Full		Seymour S. Townsend				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury Town		Miconico County		MARYLAND	
	Date of death	1905	Month Feb	Day 26	Age	Years 14	Months Days
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death		Salisbury Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Geo. W. Townsend				Father's Birthplace	Freightland Md.
	Mother's Maiden Name	Jennie Banks				Mother's Birthplace	" "
Name of person giving information	Geo. W. Townsend				How related to deceased	Father	
CAUSES OF DETH							
PHYSICIAN OR CORONER	Primary	They had no Doctor, Family said				How long	
	Immediate	something like La. Grippe				How long	
	Are the name, age, sex, color, date and place correctly given above?		so far as		Signature of Physician	George C. Hill	
	I know, Yes				Address	Undertaker Salisbury Md.	
	Accident or Suicide?						



Name in Full		Sarah Deibler Walton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Salisbury	County Wicomico		MARYLAND	
		Date of death		1905	Month Feb'y	Day twentieth	Years 69	Months 11
		Sex		female		Color or Race	white	
		Occupation		retired		Birth-place	Berrysburg	
						Where Residing if not at place of death		
		Married, Single or Widowed		widow		Name of Wife or Husband		William B. Walton
		Father's Name		John Deibler		Father's Birthplace		
Mother's Maiden Name		W		Mother's Birthplace				
Name of person giving information		C. Curtis Walton		How related to deceased		daughter		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		Chronic Bright's Disease		How long	a year or more	
		Immediate		Uræmia & heart failure		How long	several weeks	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		L. M. W. McCombs M.D.		
				Address		Salisbury Md.		
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William J. Washburn

Town *Bristol* County *Harrison*

Died at *Bristol*

Date of death *1905 Feb 27* Age *65* Months *—* Days *—*

Sex *Male* Color or Race *white* Birth-place *Trafalgar*

Occupation *Mariner* Where Residing if not at place of death *San Francisco*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Rebecca Washburn*

Father's Name *Amos Washburn* Father's Birthplace *—*

Mother's Maiden Name *Mary Beard* Mother's Birthplace *—*

Name of person giving information *Mrs Washburn* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Initial Regurgitation* How long *12 yrs.*

Immediate *Cardiac Distress* How long *3 hrs.*

Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician *J R Bishop MD*

Address *San Francisco*

Accident or Suicide? *no*

